



10605243

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PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number 28679/05404
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CLAIMS AS FILED - PART I			SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))				\$	OR		\$ 750	
TOTAL CLAIMS (37 CFR 1.16(c))	16	minus 20 = * 0	x \$	=	OR	x \$ 18	= 0	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	minus 3 = * 0	x	=	OR	x 84	= 0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+	=	OR	+	=	
			TOTAL		OR	TOTAL	750	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	* 16	Minus	** 20	= 0	x \$	=	OR	x \$ 18	= 0
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	x	=	OR	x 0	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	=	OR	+	= 0
					TOTAL		OR	TOTAL		0

10/12/04

					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	* 13	Minus	** 20	= 0	x \$	=	OR	x \$	= 0
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 3	= 1	x	=	OR	x 88	= 88.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	=	OR	+	=
					TOTAL		OR	TOTAL		0

					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	=	OR	x \$	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	= 0	OR	x	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	=	OR	+	=
					TOTAL		OR	TOTAL		

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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